

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36345

2090
4

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 11042 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutosville,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lutosville,</u> <u>003-3</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Lutosville, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bond Nurishang Home,</u>		d. STREET ADDRESS (If rural, give location) <u>Lutosville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosotta</u> b. (Middle) <u>Martha</u> c. (Last) <u>McCain,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 11 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-21-1870</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Month <u>7</u> Day <u>10</u>	IF UNDER 2 HRS. Hour <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>	11. BIRTHPLACE (State or foreign country) <u>Whitewater, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Asa Stovall,</u>	
13b. MOTHER'S MAIDEN NAME <u>Minervio Dockins,</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas McCain,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None,</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe McCain, Parna, Missouri.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Oct 5</u> , 19 <u>51</u> , to <u>Nov. 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 10</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Everette L. Price</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lutosville, Mo.</u>	
23c. DATE SIGNED <u>11/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Loslio Ridge Conotory</u>		24d. LOCATION (City, town, or county) (State) <u>County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 17 51</u>		REGISTRAR'S SIGNATURE <u>Willie Dan Durburn</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shetty</u>		ADDRESS <u>Lutosville Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 21 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard P. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.